

DALLASTOWN AREA SCHOOL DISTRICT  
2010 SUMMER STAFF DEVELOPMENT

**COURSE REGISTRATION FORM**

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Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

PPID # or Social Security #  
*(Required for Act 48 registration purposes)* \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

School District: \_\_\_\_\_

Grade Level/Subject Area \_\_\_\_\_

Please register me for the following course(s):

COURSE TITLE	COURSE FEE	TEXT FEE	TOTAL
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>TOTAL REMITTANCE MADE PAYABLE TO: DALLASTOWN AREA SCHOOL DISTRICT</b>			<b>\$</b>

Return with course payment to:  
Dr. Ronald E. Dyer  
Dallastown Area School District  
700 New School Lane  
Dallastown, PA 17313